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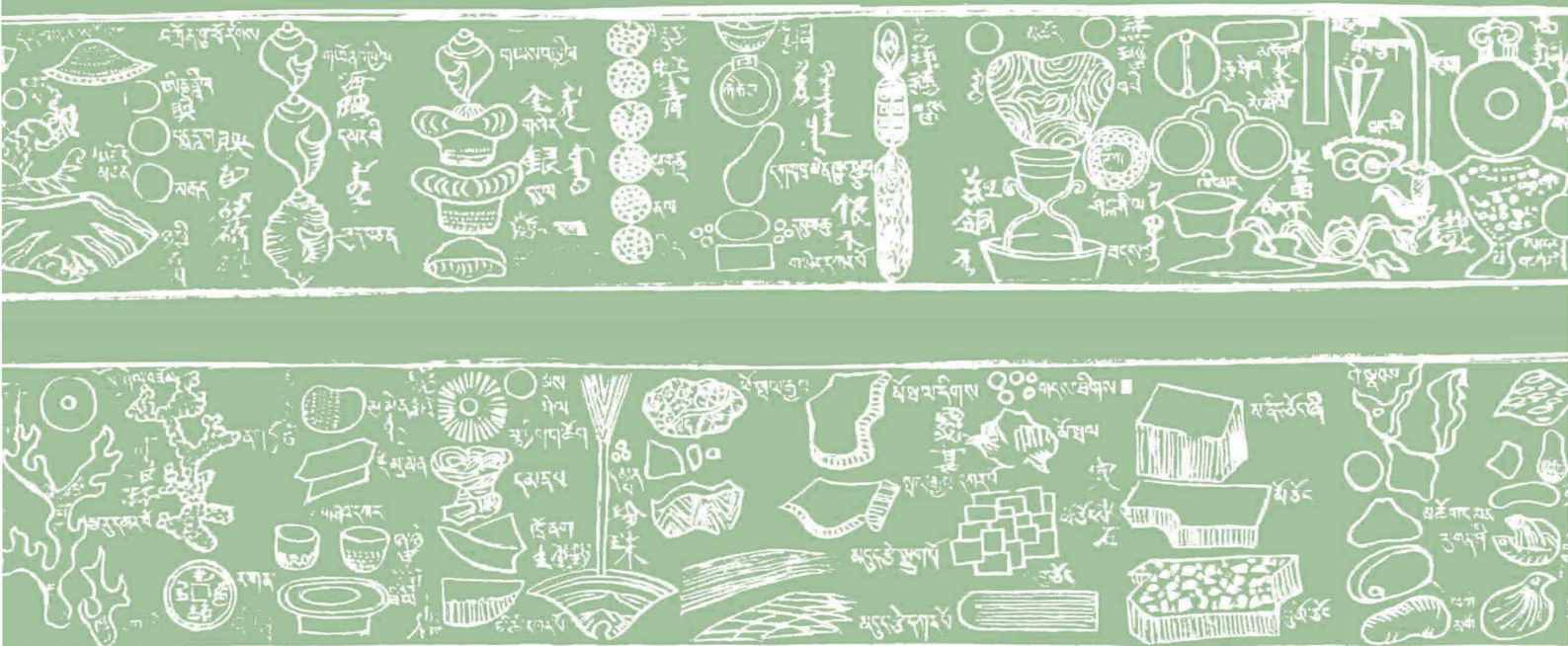
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# Introduction

## Tibetan Medicine, Buddhism, and the Visual Arts

Theresia Hofer



*Bodies in Balance* invites readers to explore the complex and fascinating world of Tibetan medicine, a highly learned and continuously evolving discipline. Our focus is on visual expressions of Sowa Rigpa (Gso ba rig pa), Tibetan for “science” or “art” of healing. Through discussions of this system’s aesthetic, intellectual, and experiential dimensions, we explore how art, medicine, and Buddhism converge in learning and practicing Tibetan medicine. In doing so, we hope to offer readers a multifaceted and beautiful way to access this tradition, drawing out the themes explored in the associated exhibition at the Rubin Museum of Art in New York and subsequent venues.<sup>1</sup> For those who begin their journey with this work, and for those already familiar with the subject, this book provides a variety of perspectives from which to engage with Tibetan medicine.

Just as Tibetan pharmaceuticals themselves are made of ingredients that have traveled long distances, crossed many borders, and were compounded according to different traditions, so the contributors to this volume come together from many different theoretical and geographical backgrounds. They include scholars in Tibetan and Buddhist studies, anthropology, art history, literature, and two practitioners and scholars of Tibetan medicine. Their essays represent the culmination of years spent gathering knowledge and experience and collaborating across disciplinary and political borders. And so, this publication embodies one of Tibetan medicine’s most important attributes — its rich and harmonious polyphony. Tibetan medicine’s remarkable powers of adaptation from ancient to current times are more important than ever, as we find ourselves amid rapid ecological and socio-political change.

Part I of the work offers an introduction to the core theories and ideas in Tibetan medicine and related pharmacological and astrological practice. It addresses the contemporary role of Tibetan medicine in health care and the dynamic ways in which practitioners and patients have reinterpreted this highly abstract and theoretical corpus around the world. It highlights the potential of Tibetan medical ideas and substances as resources for healing, at the same time addressing frictions that arise when Tibetan medical practitioners, and their ideas and medicines, encounter other cultures and other medical systems.

Authors of the essays in this section explore how clinical, dietary, and Buddhist practices come to be learned and practiced in contemporary Tibetan medical contexts. They seek to understand how medical ideas grounded in common textual frameworks are adapted and practiced across such varying geographical, medical, and legal settings as Milan, Lhasa, Xining, northern India, New York, and Switzerland.

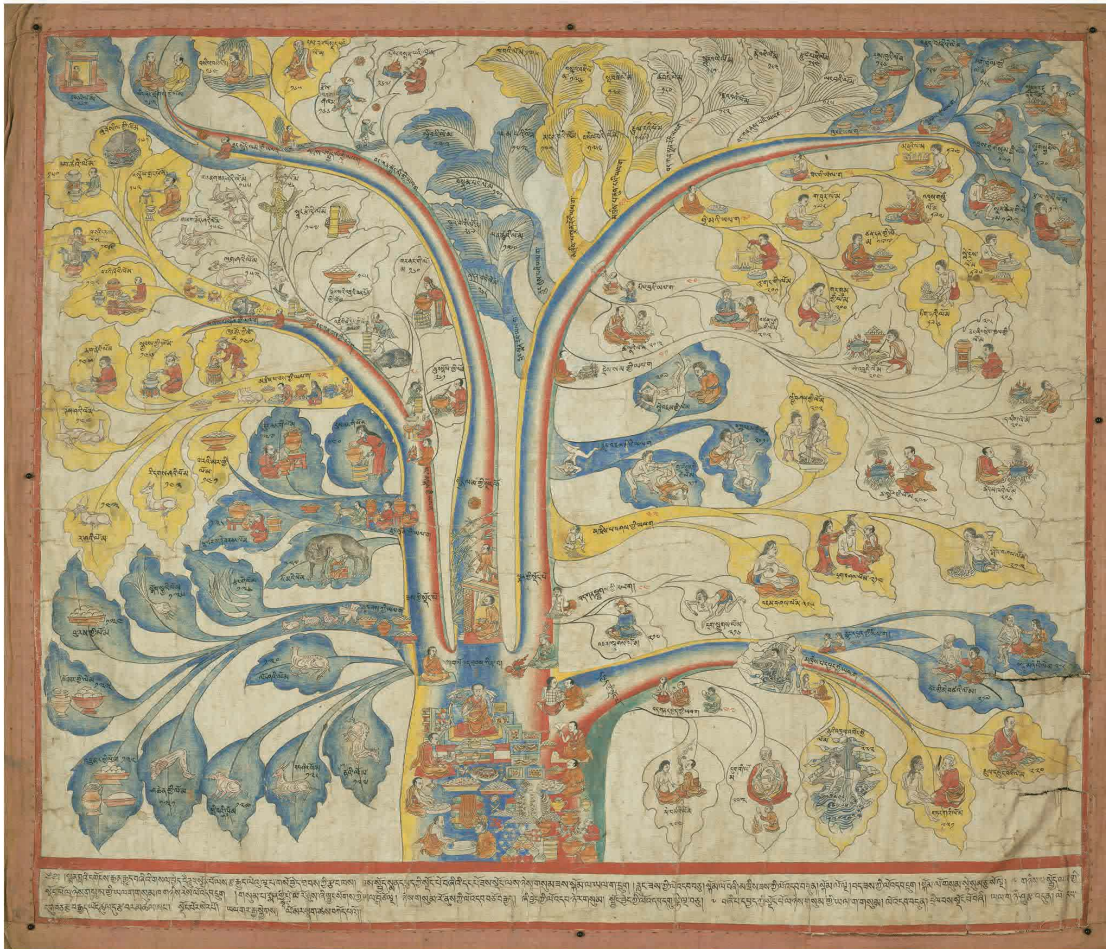
In chapter 1, Barbara Gerke introduces readers to Sowa Rigpa’s foundational work, the *Four Tantras* (*Gyushi*), and Tibetan medicine’s most basic principles, such as that of the three *nyepa*, often translated as the three “humors” of wind, bile, and phlegm. Through accounts of her work with contemporary Tibetan medical doctors in India, we learn how a medical consultation unfolds. What does the art of healing involve with regard to Tibetan medical diagnosis and therapy? In chapter 2, Geoffrey Samuel’s essay delves into Tibetan medical and Tibetan Buddhist ideas of body and mind. Unlike in Europe, where a Cartesian model still holds sway over medical and philosophical discourse, in which body and mind are understood to be essentially separate entities, in Tibetan traditions we find that body, speech, and mind are seen as three aspects of human existence, not rigidly dichotomized. Samuel demonstrates this through discussion of Tantric Buddhism and Tibetan imaginative maps and charts of the human body’s inner and outer cosmologies.

In chapter 3, I offer an introduction to Tibetan pharmacology and medical formulas, which are the most widely used Tibetan medical treatment, along with dietary and behavioral adjustments and external therapies (FIG. 0.1). One foundational principle is that the five elements that form body and mind are of one and the same essential quality as those found in the environment and in disease. Pharmacologists and doctors therefore sought to counteract and balance diseases in the body-mind with those of opposite elemental qualities in plant, mineral, and animal substances. I outline how such *materia medica* are compounded in one Tibetan monastery pharmacy and in one European company, exploring adaptations of Tibetan medicine’s empirical and scientific principles to contemporary requirements. Pasang Yontan Arya then describes in chapter 4 the application of a wide range of external therapies in Tibetan medicine and gives us the first preliminary account of the history of what is known as Tibetan “spoon” surgery. We learn how external applications are in part rooted in texts such as the *Four Tantras*, cultural exchanges along the Silk Road, and personal experience. Given Arya’s scholarly and practical work as a Tibetan medical doctor in India and more recently in Europe, he is able to demonstrate how early knowledge such as that of nineteen moxibustion points on a ninth-century illustration (see FIG. 4.1) are still known under the very same terms and in use today. Chapter 5 by Ronit Yoeli-Tlalim is on basic principles of Tibetan astrology and divination and their role in relation to the practice of Sowa Rigpa. The adjoining vignette by Inger Vasstveit introduces us to the work of astrologists at the Dharamsala Medicine and Astrology Institute and to lay exile Tibetans’ use of the protective

Precious Substances  
from Jampal Dorje’s  
*Beautiful Marvelous Eye  
Ornament*. Mongolia;  
19th century. Part II,  
folio 6 verso & 7 recto.  
Reprinted in *Satapitaka  
Series* (Vol. 82), New Delhi,  
International Academy  
of Indian Culture, 1971.  
Tibetan Buddhist Resource  
Center. W30452



0.1 Tree of Treatment. Corresponding to Plate 4 of the Tibetan medical paintings (Lhasa set). Tibet or Mongolia; 17th century. Pigments on cloth; 68.5 × 78.5 cm. Pritzker Collection, Chicago



devices and amulets they produce. Developing this theme of the geographical movement of Tibetan heritage further, Sienna Craig considers in chapter 6 the many new realities in which Tibetan medicine is now practiced around the globe. She tells several compelling stories of what happens when Americans learn to become *amchi* (Tibetan medical doctors), Buddhism and Sowa Rigpa meet capitalist market logic, and knowledgeable doctors foster the best possible outcomes for their patients' well-being.

Part II examines historical and art historical perspectives on Tibetan medicine, appraising its development in relation to Buddhism and the visual arts. Together with medicine, Buddhism and arts and crafts are important fields of knowledge among Tibet's ten Buddhist arts and sciences. Their triangular relationship is the main focus here. Three-fold

concepts are commonly found in Tibetan medical thought: medicines always have at least three ingredients; the three forces of the *nyepa* pervade the body-mind; and there are three mental poisons (desire, hatred, and delusion) that, according to the Buddha's teachings, form the root of human suffering. The linearity and segregation that informs much of European thought is at odds with what we have attempted here: understanding a range of simultaneously existing and integrated phenomena, to better appreciate the interrelated aspects of the human body and mind in health and illness.

Gyurme Dorje expounds in chapter 7 on the artistic representations and the role of the Medicine Buddha in Tibetan medical practice and Buddhist rituals. Adding to the earlier introduction of the structure and the contents of the *Four Tantras* in chapter 1, Yang Ga's essay offers a path-breaking

investigation into the sources for this early medical text in chapter 8. He traces influences from Indian, Chinese, Greco-Arabic, and indigenous Tibetan and Himalayan medical traditions in early medical works. These were brought into a Buddhist framework by its author, Yuthog Yonten Gonpo, who was a prolific lay scholar of the twelfth century. We can understand this text as an important template for the kind of cosmopolitan and complex medical system that Sowa Rigpa would continue to be. How Buddhist and medical scholars then transmitted this and other texts and developed the various traditions is discussed by Frances Garrett in chapter 9.

Casting new light on the stunning set of seventy-nine medical paintings from seventeenth-century Lhasa (FIG. 0.2), chapter 10 by Janet Gyatso explores some of their intricate details to understand what they might tell us about the relationship of medical and Buddhist ideas and practices at the time of their creation. Could it be that the medical authors and illustrators of the set challenged the Buddha's authority over the science of healing? In the adjoining vignette, Katharina Sabernig explores the didactic values of the so-called medical trees found on Plates 2, 3, and 4 of the same set of medical paintings, which illustrate three chapters of the *Four Tantras*. She explains that in the monastic medical college of Labrang in eastern Tibet, many medical trees have been reproduced as murals, explicating more chapters of the *Four Tantras* using this device. This facilitated medical study and the memorization of the first two volumes of the *Four Tantras*.

In chapter 11, we again turn to the delicate details of medical illustration — this time marveling at small *materia medica* depictions in block-printed Tibetan texts and manuscripts. How did this genre develop over time? Could the changes that we see in the classification and identification of *materia medica* be interpreted as yet another example of how Tibetan medical traditions vividly responded to new ecological environments and practitioners' encounters with new technologies and novel scientific traditions? How medical knowledge is adapted in the process of cultural and scientific encounters is also vital to Martin Saxer's discussion in chapter 12. Here we follow three generations of Tibetan medical doctors, some also trained in biomedicine, from an influential Buryatian family on their journeys westward, from the Buryatian steppes via Russia to Western Europe, bringing with them Tibetan medical ideas, recipe books, and medical techniques.

*Bodies in Balance* ends with a vignette on the architecture of two important Tibetan medical institutes in Lhasa, the Chagpori Medical College and the Mentsikhang. Together

with Knud Larsen, I provide detailed discussion and architectural plans alongside drawings and photographs. This contribution is offered in hopes of inspiring a possible reconstruction of Chagpori Medical College in its original location, where it was destroyed in 1959 by the Chinese People's Liberation Army. While the original Mentsikhang building fortunately survived, it is potentially at risk as we witness ongoing and dramatic destruction of the historical houses of old Lhasa. Each house tells its own story — of families, offices, temples, crafts, schools, and, in this case, the education in the art of healing throughout the twentieth century — collectively connecting contemporary Tibetans and national and international scholars to the riches of Tibet's history.

The authors of this book all engage with the texts, medicines, practices, ideas, and symbols related to Tibetan medicine and culture on a day-to-day basis. In *Bodies in Balance* they have sought to engage and inspire both general and specialist readers. In addition to bringing together the essays of scholars from distant places, we also present photographs of most objects in the exhibition, hailing from more than twenty institutional and private lenders in, among other places, Mongolia, India, Nepal, San Francisco, Paris, and London, and dating from the ninth to the twenty-first century. Among the medical paintings, drawings, murals, and sculptures, for instance, we show the earliest known Tibetan depiction of the Medicine Buddha on a silk painting, from 835 CE (FIG. 7.7). The book furthermore shows images of medical instruments, such as those that were used in surgery and medical compounding (pp. 76–83); and we include selected manuscripts, printed texts, and illustrated works as examples of the vast textual corpus of this tradition. We include photographs of objects that could not be included in the exhibition or where photographs of the original object could not be reproduced. The object images are complemented by photographs of twentieth- and twenty-first-century Tibetan medical practice taken in the field by authors and recognized photographers. Taken together, the images and the essays are intended to give readers a sense of how Tibetan medical practitioners, past and present, continue to apply this ancient and fluid medical tradition, which offers some of the most diverse and intriguing understandings of human illness and well-being.

The three core themes of *Bodies in Balance* are the practice of the Tibetan art and science of healing, its relation to Buddhism, and its visual expressions through the arts and crafts. These themes can also be seen as three ways of reading the book, or three ways to engage with Tibetan medicine.





### Sowa Rigpa as a Science and a Practical Art

Sowa Rigpa can be translated as the “science of healing” or the “art of healing.” In the thirteenth century the famous scholar and religious leader Sakya Pandita codified it as one of Tibet’s ten Buddhist arts and sciences, largely in line with India’s longstanding *vidyāsthāna* (sciences/scientific fields) classification.<sup>2</sup> The ten arts and sciences consist of five major and five minor fields, with the former including the Dharma, or Buddhist teachings (the inner science), epistemology and logic, grammar, medicine (i.e., Sowa Rigpa), and the arts and crafts.<sup>3</sup> At the time, no fundamental distinction was made between religious and scientific knowledge.<sup>4</sup>

Over the following centuries, Sowa Rigpa continued to develop within predominantly Buddhist milieus in Tibet, the surrounding Himalayan regions, and Mongolia and Buryatia, enabling a fruitful cross-pollination of ideas and practices among medical and religious (Buddhist) practitioners. Yet medical scholars began diverging in significant ways from Buddhist doctrines long ago, as writings and medical illustrations reveal. This development is explored in chapter 2 on the body and mind in Tibetan medicine and Tibetan Buddhism, chapter 8 on the human authorship of the *Four Tantras*, chapter 9 on the contingent relationship between medical and Buddhist scholars in the twelfth to seventeenth century, and chapter 10 on Buddhist practices and ideals in the Lhasa Tibetan medical painting set from the late seventeenth century. In Part I we see how such dynamics play out in recent times. In the process of cultural and medical exchange — which may include, for instance, demands for a simultaneous adherence to religious and empirical understandings — creative and new approaches to healing develop. The question of how newly combined theories and research methods are developed through personal, cultural, national, and economic exchanges is a field of research that has spurred significant scholarship in anthropology, science, and technology studies.<sup>5</sup>

Sowa Rigpa has never been a purely local phenomenon. Nor was it a system stuck in its traditional ways until some time in the early twentieth century, when it was propelled to adapt to modern concepts that, some say, caused an irreversible loss of its authenticity. On the contrary, Sowa Rigpa encompasses a vast body of knowledge, practice, and experience that is well rooted in its own scientific principles, ethical requirements, and worldwide connections — all features we tend to associate with modern Western biomedicine.

Today, Tibetan drugs can be ordered via the Internet in New York and sent from Tibet directly to friends and family members in the diaspora. They are sold over the counter in

conventional pharmacies in Switzerland and Austria and are used by the growing middle classes in China and India. Tibetan medicines and therapies still remain a crucial health resource for marginalized communities in Nepal and the Indian Himalayas and, to some extent, in Tibetan areas of China. In the United States and in other affluent countries with a high prevalence of chronic diseases, patients and public health officials take ever greater interest in what complementary and alternative medicines (CAM) have to offer. The holistic approaches to an individual’s health and disease that characterize Tibetan medicine are of particular appeal in the West. It is this adaptability and openness to dialogue and change, without the loss of its own scientific and empirical grounds, that constitute Sowa Rigpa’s most significant attributes.

### Medicine and Buddhism

When we are well we may give little attention to our bodies and our health. But if one day we are struck by illness or injury, we begin to appreciate how much health really means to us, that its value exceeds almost everything else in this world. We are thankful for even the slightest step toward recovery and being back to “normal,” and for all the kindness, support, and medical skill we encounter on the way.

That life comes with sickness and suffering was declared by the Buddha as the first noble truth more than 2,500 years ago in northern India. In his first discourse after his enlightenment he set out the kinds of suffering that we all must live through: birth, aging, sickness, death, sorrow, grief, association with what is unpleasant, separation from what is pleasant, and not to get what we want — in short, all phenomena associated with the five aggregates of existence. These refer to the physical aspect of the “body” and four aspects of the “mind.” He then offered the remaining three noble truths — the cause of suffering being attachment to the five aggregates and ignorance about their impermanent nature, the cessation of suffering occurring when we let go of attachment to the aggregates through wisdom and insight, and the way that leads out of all suffering: the noble eightfold path. The eightfold path is essentially a step-by-step training of body, mind, and speech, during which one cultivates an ethical way of life, mindfulness, insight, and compassion. Its components were intended to offer a practical remedy to ever-present suffering and delusion. Despite differences in interpretation, this path is considered the foundation for Buddhist practice around the globe.

The context of these early Buddhist teachings and their focus on bodily suffering fostered Buddhists’ particular interest in medicine and healing and called for the develop-

**0.2** Similes of the Human Body. Plate 6 of the Tibetan medical paintings (Ulan Ude set), Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia



ment of compassion toward all suffering sentient beings. The Buddha's teachings and their goal of liberation from suffering, or nirvana, became closely associated with notions of medicine and ultimate healing. Hence we find in the Pali canon, an early record of the Buddha's discourses that these teachings are referred to as "supreme medicine" and the Buddha himself as "incomparable physician."<sup>6</sup>

**MEDICINE AND THE EARLY BUDDHIST SANGHA** In the Buddhist Pali canon we also find several chapters that discuss medicine. These are mostly found in the monastic rules part of the work, referred to as Vinaya, which is one of three parts, or the so-called three baskets, of the Pali canon.<sup>7</sup> In the Nissaggiya section of the work, which deals with confession of offences to monastic rules, we find that after having been consulted by a group of sick monks, the Buddha is said to have allowed the otherwise possessionless monks and nuns to carry with them for up to seven days five medicines (*bhesajjāni*): clarified butter (*ghee*), fresh butter, oil, honey, and molasses or sugar.<sup>8</sup> In the same section of the Vinaya, but regarding rules on permissible foods and their offences, we find seven additional groups of *materia medica* items that the Buddha specifically allowed sick monks and nuns to take before sunrise and after midday, that is, apart from their ordinary mealtime, which is the only time they were allowed to consume solid foods.<sup>9</sup> These *materia medica* include five types of animal fats, medicinal roots (including turmeric and ginger), extracts from four kinds of trees (for instance, *neem* and Indian beech), leaves of five plants (for example, the *tulsi* plant), seven different kinds of fruits (including those of the three myrobalan trees), at least two kinds of resins, and five kinds of medicinal salts (including ocean, rock, and black salt).<sup>10</sup> Many of these items are still used medicinally in Ayurveda, the classical Indian system of medicine, and in Tibetan Sowa Rigpa.

Based on a study of the earliest Buddhist texts in the Pali language and a comparison of its medicine-related chapters with classical Indian medical works, especially Susruta's and Caraka's Sanskrit works, Kenneth G. Zysk first suggested in his landmark *Asceticism and Healing in Ancient India* that the heterodox wandering ascetics of the Buddha's time and subsequent centuries in all probability exerted great influence on the development of medical knowledge, which we subsequently find in the early texts of Ayurveda.<sup>11</sup> Zysk argued that the wandering life of early Buddhist monks and their status of not being bound by the prohibitive ritual purity requirements of contemporary Hindu cultures ensured the wide-ranging dissemination of many of their medical ideas and practices. This occurred even though the Buddha — while encouraging

his monks and nuns to have enough medical knowledge to tend to themselves and fellow clergy — did not actually allow the practice of medicine on the laity or in return for material gains.<sup>12</sup> Later commentaries to the earliest versions of the Vinaya mention exceptions, however.<sup>13</sup> That Buddhist monks and nuns did indeed — if in subsequent centuries — care for the laity and others is evidenced in archaeological findings from India and Sri Lanka, as well as in the social history and practice of Tibetan medicine today.<sup>14</sup>

**TRANSMISSION OF INDIAN BUDDHISM AND MEDICINE TO TIBET** From the eighth century onward, together with the Mahayana form of Buddhism, many elements of South Asian civilization were carried across the Himalayas to the Tibetan Plateau. With texts in their bags and equipped with experiential knowledge and techniques, Indian scholars, or *pandits*, arrived in Tibet. At the same time Tibetans went to Nepal and India to study Buddhism and associated medical ideas and techniques. We know for certain that in the eleventh century the first concerted efforts were made to translate the Indian text *Heart of Medicine* by Vagbata, the *Aṣṭāṅghrdayasamhitā*, into Tibetan, although it is likely that Indian medical knowledge spread in Tibet long before this time through Sanskrit materials and through oral transmission. This work exerted great influence on practicing physicians in Tibet, who complemented it with indigenous knowledge, especially with locally available *materia medica*.

In addition, some Tibetan physicians had access to the knowledge of practitioners of diverse medical traditions from other neighboring regions — such as China, Central Asia, and Persia — who had come to Tibet over the preceding centuries through royal intermarriages, trade, and other kinds of exchanges and donations. Although legends throughout Tibetan medical histories refer to several regional medical conferences in Tibet, the medical texts that might have been employed and discussed at those conferences are now lost, and only later editions of some of them are available for historical scrutiny.

Among the earliest medical records in the Tibetan language is an illustration and description of nineteen moxibustion points on the body, moxibustion being a widely practiced ancient technique of burning herbs (usually of the mugwort family) on certain points on the body surface. This and one divination scroll, as well as a fine large silk painting from Dunhuang in western China are shown in chapters 4, 5, and 7 of the current publication (FIGS. 4.1, 5.9, and 7.7). The cave where these and other records were stored was sealed for a millennium, until the early twentieth century, when the materials were discovered. They constitute original evidence

**0.3** Wheel of Existence. Tibet; early 20th century. Pigments on cloth; 80.3 × 57.7 cm. Rubin Museum of Art. C2004.21.1 (HAR 65356)





of some aspects of a cosmopolitan medical tradition on the borders of Tibet, which when compared to Chinese materials in the find, exhibit partial influences from medieval Chinese medical pluralism.<sup>15</sup>

In the twelfth century, such heterogeneous knowledge was more explicitly brought into the fold of Tibetan Buddhism, forming the basis for much of what we now commonly refer to as Tibetan medicine. The Tibetan medical classic *Gyushi* (*Rgyud bzhi*), or *Four Tantras*, plays a pivotal role in recording much of these early traditions. Composed by Yuthog Yonten Gonpo — Yuthogpa, as he was known — and based on the study of the multiple medical traditions and texts of his time, it also incorporated his earlier writings and experience (discussed in chapter 8). However, the work is framed as the teaching of the Medicine Buddha, who has been throughout the ages an important saintly figure to followers of Mahayana Buddhism (chapter 7). Its framing as an esoteric teaching — one given by an emanation of the historical Buddha in India, transmitted to Tibet, but concealed and only later discovered in a Tibetan monastery — has contributed to the English translation of its Tibetan title to be *Four Tantras*, in line with the denomination of other esoteric Buddhist texts as tantras. To translate the title of this work as *Four Treatises* or *Four Texts* would also be appropriate, but given the common use of the title *Four Tantras* in the wider literature, we use this English rendering in the present volume and refer to its four volumes as *Root Tantra*, *Explanatory Tantra*, *Instructional Tantra*, and *Last Tantra*.

The Medicine Buddha is seen by many Tibetan doctors and is framed in the texts themselves as the divine source of much medical knowledge. Doctors, patients, and Buddhist practitioners relate to the Medicine Buddha as a resource for healing through prayer, visualization, and ritual. For these reasons the Medicine Buddha, or Sangye Menlha (Tib. Sangs rgyas sman lha, Skt. Bhaiṣajyaguru) has been axiomatic to the practice of Tibetan medicine in lay and Buddhist medical contexts.

#### SHARED FOUNDATIONS OF MEDICINE AND BUDDHISM

In Tibetan medical theory the ultimate causes of all illnesses are considered to be the three mental poisons (*dugsum*) of desire, hatred, and delusion. They are also described as the root of all suffering in the Buddha's teachings. *Dugsum* are depicted at the core of the Wheel of Life, a common Tibetan iconographic depiction of the six realms of samsaric existence, where they are illustrated in the form of a snake, a cock, and a pig (FIG. 0.3). Although virtually never mentioned in a medical consultation, doctors understand these mental poisons as distant causes of the three *nyepa* of lung (*rlung*,

wind), *tripa* (*khri pa*, bile), and *beken* (*bad kan*, phlegm) as well as causes for their imbalances. Throughout this book we refer to the *nyepa* with their transliterated Tibetan terms, as the common English translation “humor” does not convey the full range of meanings, as further explained in chapter 1. This chapter goes on to discuss how the three *nyepa* are in turn influenced by environment, food, behavior, social factors, and medicines. In practice these *nyepa*, as well as more specific manifestations of diseases, are assessed visually through examination of a patient's physique, complexion, urine, tongue, and — crucially — via touch, when a physician feels a patient's pulse on the radial arteries of both wrists. The *nyepa* also interact with the seven bodily constituents, called *luzung dun*, and with the body's waste products. When these three aspects of the body and mind work well, the results are shown as the flowers and fruits of a tree, symbolizing health, prosperity, and longevity (FIG. 0.4).

Underlying Tibetan medicine's understanding of health and illness is the concept that all phenomena in the universe — body, environment, and medicinal substances — are made up of the five elements of water, fire, earth, air, and space. Again this is something we find in Buddhist (and Hindu) philosophy. In medical texts, certain constellations of elements in the body were described as the *nyepa* and further specified in relation to particular diseases, symptoms, and treatments. Hence Tibetan medicine has both a *nyepa*-related as well as a disease-specific approach to treatment. To balance the *nyepa* in the body, to support the function of certain body parts and organs, and to counteract diseases, remedies with opposite qualities are prescribed, as discussed in chapter 3, along with suggested behavioral and dietary changes, and in some cases use of external therapies, as discussed in chapter 4. Patients routinely combine these approaches with ritual healing, astrological consultations, and Buddhist practices — such as prayers, pilgrimage, and meditation. Patients also worship, respect, and appease the gods and spirits of the land, mountains, lakes, and other manifestations in the environment who are seen as intimately connected with well-being and sickness in the community.<sup>16</sup>

#### Medicine and the Visual Arts

In addition to exploring the relationship between Sowa Rigpa and Buddhism, this publication takes a close look at how medicine and Buddhism interacted with the arts and crafts, or *zo rigpa* (*bzo rig pa*). This interaction is addressed throughout the book, with particular emphasis in Part II.

Arts and crafts have always held a place of high importance in Tibetan society, for both the learned and the illiterate. *Thangkas* representing the Medicine Buddha and medicine's



human propagators, such as Yuthogpa, were widespread as their sponsorship and creation were thought to accumulate merit and alleviate suffering. Instruments and objects used by physicians to make and store medicines as well as for applying treatment were beautifully and pragmatically crafted. The wooden block prints of medical texts and the wonderful illustrations of *materia medica* manuscripts to identify medical ingredients are further examples of how medicine depends on the arts and crafts.

The most vivid interaction between physicians and artists occurred in late seventeenth-century Lhasa, when a set of seventy-nine splendid medical paintings was created under the auspices of Desi Sangye Gyatso, then Regent to the Fifth Dalai Lama.<sup>17</sup> The set illustrates Sangye Gyatso's *Blue Beryl* commentary on the *Four Tantras*. These works constitute an artistic and medical legacy that remains to this day visually stunning and unparalleled in scope. The paintings have been copied over and over again, a few times as a whole set, and more often as a smaller set of selected paintings mainly for instructional purposes. One copy of the entire set has been published with English annotations, accompanied by translations from the *Blue Beryl*.<sup>18</sup>

Apart from serving directly to relieve suffering and cure diseases, Sowa Rigpa also provided new subject matter and

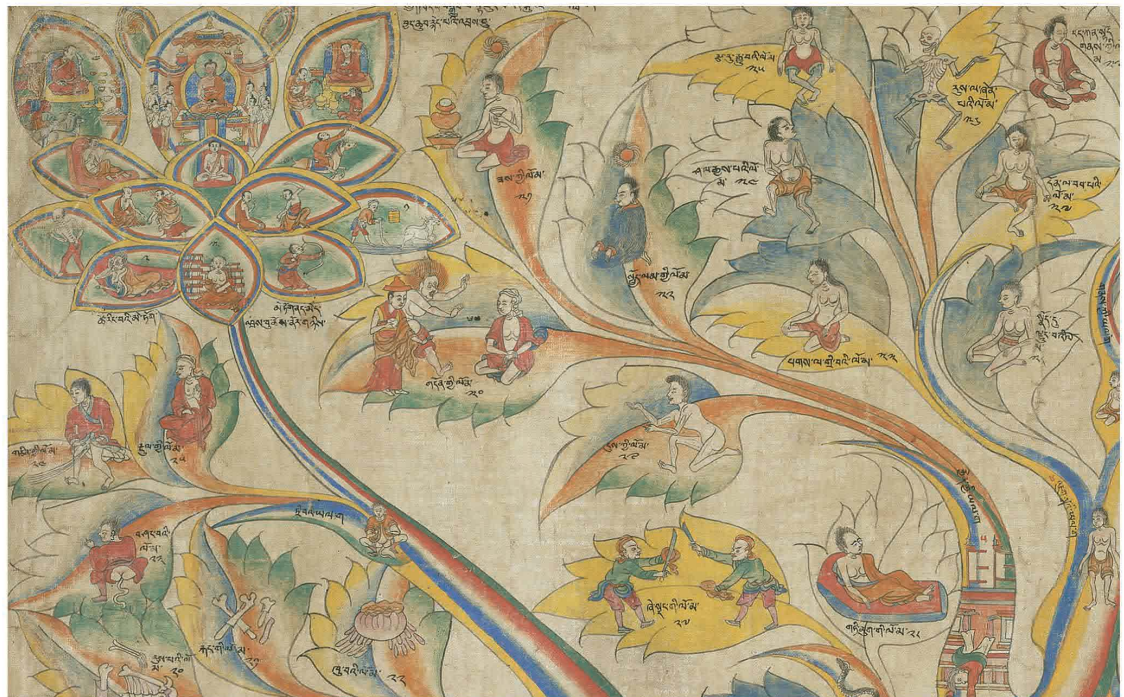
opportunities for expression by Tibetan artists. Although clearly influenced by Tibetan Buddhist art forms and iconography, in several important ways artists engaging in the medical arts could surpass the established themes of representing Buddhist deities and the holy life. Tibetan medical paintings offer glimpses into ordinary peoples' lives, showing them in health and sickness, receiving medical treatment, making love, giving birth, and dying. The Tibetan medical paintings, together with illustrated *materia medica* handbooks (in chapter 11), also serve to illuminate the environment of Tibet — its minerals, plants, and animals. Finally, we also get to see depictions of the male body's interior channels, organs, and bones. Throughout, symbols and aspects of Buddhism, though not central to the paintings, can be seen.

#### Toward the Futures of Sowa Rigpa

*Bodies in Balance* speaks of the past and the present of Tibetan medicine, its convergence with Buddhism and the visual arts. And what about the future of this rich medical tradition? Can its vitality and diversity, its adaptability and its efficacy be maintained for the decades and centuries to come?

Tibetan medical practitioners in Asia find themselves in the midst of rapid socio-economic change, their traditions globalized and thoroughly commercialized. The environment

0.4 Detail from Fig. 1.3.  
Tree of Body in Health and  
Illness.



on which they depend for raw materials is undergoing irreversible alteration intimately linked to global, regional, and local influences.

One of the most significant changes that has occurred over the last decade has been the development of a large-scale industry for the production of Tibetan medicines. Previously there had been a relatively limited number of medical institutions, hospitals, clinics, and colleges that produced medicine for patients in their own establishments. Patients' needs were largely met by private doctors who made their own remedies, working in small towns, in monasteries, and among agricultural and pastoral communities. There was not any sizeable for-profit production of Tibetan medicines, and clinical practice, teaching, and medical production were intentionally kept in close quarters.

While the small institutional and private producers still exist — albeit in dwindling numbers — the vast majority of Tibetan medicines, at least in Tibetan areas of China, are now produced by something close to one hundred primarily private Tibetan medicine factories. In India the majority of Tibetan pharmaceuticals are produced at the Dharamsala Men-Tsee-Khang Pharmaceutical Factory, which caters to its more than forty branch clinics as well as for-profit sales — with a small number of private *amchi* also making medicines themselves. The overall production output as well as profits of the Tibetan medicine industry in China alone has vastly increased since the mid-1990s,<sup>19</sup> when Tibetan medicine was announced by the Chinese government as one of Tibet's three "pillar industries," alongside tourism and mining.

This development has far reaching environmental, social, and medical implications. The amount of raw materials needed to keep up production at current levels, most of which has to be harvested from the wild, is far beyond what has been picked and gathered over the previous decades. Among other things, this has resulted in an increasing number of endangered and already extinct species and in limiting local communities' and their medical practitioners' access to medical substances that were once in ready supply. Together with new requirements to meet production standards, the increasing demand for raw materials and resultant reduction of certain species has led to rising costs of Tibetan medicines in general and for rural communities especially. Tibetan and Himalayan peoples' access to good quality Tibetan medicines and to well-qualified and experienced doctors is at stake, as is the long-term health of the environments on which much Tibetan medical treatment depends.

These are all serious real-world concerns, which a senior doctor from Lhasa, Professor Wangdu, spoke about at a recent Tibetan medicine workshop: "Today, the quality of

medicines has declined and our medicinal herbs are being depleted due to the massive increase in demand arising from the development [of the Tibetan medicine industry], where short-term profit is reaped at the expense of the future. If we don't take better care now, there will be great problems ahead.... When I was small we had a little bit of even some very rare species, but at this current rate of 'development' we'll be out of ingredients in twenty years. Our Tibetan Sowa Rigpa is like a precious jewel. It needs protection for the future. If we don't pay attention now, future generations will accuse us!"<sup>20</sup>

Twenty years in Sowa Rigpa's recorded history of almost a millennium is a very short time to lose the most significant therapeutic component of this healing tradition. The protection of Tibetan medical plants has to be made a high priority. This could be achieved through installation of so-called Important Plant Areas (IPAs) where regions with a high diversity of plant life are protected for future generations, together with a serious shift toward cultivation of as many species as possible.<sup>21</sup> Access to plant and mineral resources needs to be newly and fairly organized so that those who have been the stewards of related medical traditions will be prioritized over short-term business and/or external political interests.

What about the future of the books, artifacts, and manuscripts related to Tibetan medicine? While a majority of the items shown in the exhibition and this publication are currently held in institutional and private collections outside of Tibet, we are aware of the number of surviving collections within Tibetan communities and institutions. Much of this heritage could be preserved only at great personal risk when the destruction of early Communist and socialist reforms swept across Tibet, Mongolia, and Buryatia. Again, only a fraction of what has survived has been catalogued, many items are in dire need of conservation, recording, and publication, which is hindered at a time when opportunities for international research collaboration with institutions and individuals in Tibetan areas of China are rare. While every effort has been made to include collections and objects from Tibet in the exhibition and publication, regrettably this was not possible to the extent hoped for. Nevertheless, it is my sincere wish that such an opportunity will arise in the near future. With new online databases, there is also potential that a greater number of Tibetan medical books and manuscripts held in private and institutional collections worldwide will be included in the study of Tibetan medicine's past and as a basis for future application.

And what of the knowledgeable people, those women and men able to transmit Tibetan medical knowledge and hands-on practice to future generations? While Tibetan



medicine is now translated across borders — there are translations of the *Four Tantras* in Russian, English, and Chinese, and Tibetan medicine is growing new roots in Europe and the United States — its future will also depend on solid education and practical experience of the young generation in the heartland of this tradition. Professor Wangdu, quoted above, is clear on this matter: “We need to study Sowa Rigpa very deeply and from those who have many years of experience. Unfortunately, every year, the number of knowledgeable and experienced doctors [still living] is becoming smaller and

smaller.” It is essential to give students the opportunity to learn from experienced practitioners and henceforth work in environments where they can offer well-rounded, affordable, and effective care.

The processes that have just been discussed are neither unilinear, nor are their outcomes easily predictable. Rather, the trajectories of the ongoing development of Tibetan medicine and its various turning points could be understood as additional voices and harmonies in the polyphony of Tibetan medicine.

